Gift to Agency Report	A Public Documei	nt	GIFT TO AGENCY REPORT	
1. Agency Name		Date Stamp	California 201	
Governor's Office			Form OUI	
Division, Department, or Region (if applicable)	7	For Official Use Only	
Street Address		\dashv		
State Capitol				
Area Code/Phone Number E-m	nail	Amendment (explain	in in comment section)	
(916) 445-0873		Amendment (explain	American (explain in common contain)	
Agency Contact (name and title)		Date of Original Filing:	Date of Original Filing: (month, day, year)	
Dan Maguire, Deputy Legal Affa	airs Secretary		• • • • •	
2. Donor Name and Address				
☑ Individual Schwarzenegger	Arnold Othe	ar		
Last Name	First Name		Name	
State Capitol	Sacramento	CA	95814	
Address	City	State	Zip Code	
If "Other" is marked, describe the entity's busin	ness activity (if business) or its nature and interests.		·	
If applicable, identify the name of ea	ich source and the amount(s) solicited or rece	ived by the donor for this	gift:	
			•	
Name	Amount	Name	Amount	
3. Payment Information				
•	06/04/2009	551		
Date and Amount of Payment	(month, day, year)	(Round to whole dollars)		
Travel Payment Information (Ro	ound to whole dollars) Location of Travel			
		_	_	
Date(s) of Travel Transport	tation Expenses	xpenses S Other Expe	nses Total Expenses	
	on of the nature and use of the pay			
Last Name	First Name	Title	Department/Division	
Local Money	Final Manage			
Last Name	First Name	Title	Department/Division	
4. Verification				
I have determined that it is in the inte	erests of the agency to accept this gift and use	it for the official agency i	business described above.	
\leq /_	Sugan Kannadu Ch	iof of Staff	, 10 M	
Signal re of Agency Head or Designee	Susan Kennedy Chi	ief of Staff	month day years	
o compression game, man conjunction	·	Thig	(monin, day, year)	
Comment: (Use this space or an attack	hment for any additional information.)			